PTO/SB/21 (09-04)

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 	Application Number	09/759,842		
TRANSMITTAL	Filing Date	January 12, 2001		
FORM	First Named Inventor	Rakib, et al.		
	Art Unit	2661		
	Examiner Name	Sam, Phirin		
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission	Attorney Docket Number	034704-87		
	LOSURES (check all that apply)			
		After Allowance Communication to TC		

(to be used for all correspondence after initial filing)		Examiner Name		Sam, Phirin			
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission		Attorney Docket Nur	nber	034704-87		<u> </u>	
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Fee Attached	Licensing	Licensing-related Papers			mmunication to Board and Interferences		
⊠ Amendment / Reply	Petition				mmunication to TC tice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application			Proprietary Information		
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under 37 CFR1.52 or 1.53							
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SEP I D	Effective on 12/00 Separate of the Consolidated Appropriate of the Consolidated Effective on 12/00	3/2004.	Complete if Known			
		nations Act, 2005 (H.R. 4610).	Application Number	09/759,842		
SATENT & TRADE	FEE TRANS	SMITTAL	Filing Date	January 12, 2001		
	for FY 2	2005	First Named Inventor	Rakib, et al.		
	Applicant claims small entity st	atus. See 37 CFR 1.27	Examiner Name	Sam, Phirin		
:			Art Unit	2661		
1	TOTAL AMOUNT OF PAYMENT	(\$) 200.00	Attorney Docket No.	034704-87		

METHOD OF PAYMENT	(check a	II that apply)					
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FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AN	D EXAMINATION	ON FEES			ATION FEES	
	FILING	FEES Small Entity	SEARCH	Small Entity	-	Small Entity	
Application Type	Fee (<u>\$)</u>	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description						<u>Fee (\$)</u> 50	Fee (\$) 25
Each claim over 20 (inc Each independent claim	cluding Kei	issues) including Reissu	es)			200	100
Multiple dependent clair		mendama Keissa	,			360	180
Total Claims		<u>Claims</u> Fe	<u>e(\$)</u> <u>Fe</u>	<u>e Paid (\$)</u>			Dependent Claims
<u>14</u> -20 or HP:		_ × _	= _			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of				. D-1-1 (#)			
<u>Indep. Claims</u>				e Paid (\$)			
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3. APPLICATION SIZE		Claims paid for, if g	react than o.				
If the specification and d	rawings ex	ceed 100 sheets	of paper (excluding	ng electronically fi	led sequence	or computer	
listings under 37	CFR 1.52	(e)), the applicati	on size fee due is	\$250 (\$125 for sn	nall entity) fo	or each additiona	1 50
sheets or fraction	thereof. S	See 35 U.S.C. 41	(a)(1)(G) and 37 (CFR 1.16(s). <mark>ditional 50 or fra</mark>	action there	eof Fee (\$)	Fee Paid (\$)
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SUBMITTED BY				
Signature	HAZZ	Registration No. (Attorney/Agent) 38,745	Telephone	408-292-5800
Name (Print/Type)	Khaled Shami		Date 9/7	7/103

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.